



Department of Health and Human Development  
Kinesiology Program Field Experience Manual (KIN 491/492)  
**Part 2 of 6: General information for agency  
supervisor & field experience agency agreement**

---

**General information for agency supervisor**

**Field Experience Steps:**

1. Student and site supervisor discuss student roles and responsibilities with the agency, program policy, safety, and emergency procedures. Go over the evaluation form with the student, noting expectations pertinent to your specific work environment.
2. This field experience agency agreement form is completed and signed using the steps described below.
3. *Weekly:* Observe the student in the job setting. Provide feedback to the student.
4. *At the midpoint in the field experience hours:* Complete the written midterm evaluation of the student and submit to faculty supervisor.
5. *At the completion of the field experience hours:* Complete the written final evaluation of the student and submit to faculty supervisor.

**Miscellaneous**

1. Report any problems to the faculty supervisor immediately.
2. The field experience student is required to have proof of liability insurance. You may request a copy of the policy and receipt of purchase from the student.
3. The student is also required to have First Aid/CPR/AED certification. You may request proof of this.

**INSTRUCTIONS TO COMPLETE THIS CONTRACT**

Step 1: Student completes student information, then forwards document to site supervisor (do not sign until completed form is received back from site supervisor)

Step 2: Site supervisor completes agency information, signs and forwards document to student.

Step 3: Student signs & dates, then sends file to site supervisor AND faculty supervisor

Step 4: Faculty supervisor signs & dates

---

**STUDENT INFORMATION** - Completed by student

Quarter: \_\_\_\_\_

WWU Advisor: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID Number: W \_\_\_\_\_

Student E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Department of Health and Human Development  
Kinesiology Program Field Experience Manual (KIN 491/492)  
**Part 2 of 6: General information for agency  
supervisor & field experience agency agreement**

---

STUDENT: PLEASE FORWARD UNSIGNED DOCUMENT TO SITE SUPERVISOR TO FILL OUT THE REMAINDER OF THE DOCUMENT

---

**AGENCY INFORMATION** - Completed by site supervisor

Name of Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Sponsoring Agency Supervisor Name: \_\_\_\_\_  
Sponsoring Agency Supervisor Position: \_\_\_\_\_  
Supervisor: Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**Specifics of the Placement**

Nature of the placement:

General description of duties:

**Responsibilities**

Student responsibilities:

Agency responsibilities:

**Scheduling**

Total number of hours to be completed: (select one)

- 90
- 180

Note: The expected time commitment for 3 credits is 90 hours or 180 hours for 6 credits. These are negotiable and can be changed with the consent of the agency and the university



Department of Health and Human Development  
 Kinesiology Program Field Experience Manual (KIN 491/492)  
**Part 2 of 6: General information for agency  
 supervisor & field experience agency agreement**

---

supervisor depending on the type of field experience and level of responsibility given to the participant.

Number of hours per week: \_\_\_\_\_

Start Date: \_\_\_\_\_

Work schedule (*select days of week*)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

**Administration**

It is important that the field experience student is aware of procedures in the event of an accident or other emergency. Has the student's role in emergencies and the proper procedures to follow been discussed with them? (select one)

Yes

No

If the field experience student is unable to contact the supervisor, who should they contact?

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Has the field experience student been made aware of any standards or regulations which the agency places on them as a volunteer or paid employee? (select one)

Yes

No

Give details:



Department of Health and Human Development  
Kinesiology Program Field Experience Manual (KIN 491/492)  
**Part 2 of 6: General information for agency  
supervisor & field experience agency agreement**

---

What details have been made for regular field experience student and agency communication (e.g., discussions, evaluation sessions, meetings, written communication)?

**Field experience site SUPERVISOR acknowledgment of responsibility:** Staff at this site hosting a Western Washington University student are aware that engaging in an activity outside of the workplace site and/or work hours with a student carrying out a field experience is allowed only when a minimum of five staff members are present, unless pre-approved by the WWU faculty supervisor.

**Child or vulnerable adult verification:** If the WWU student will have unsupervised access to children or vulnerable adults, the student will be required by WWU to obtain a background check.

Vulnerable adult: Adult of any age who lacks the functional, mental, or physical ability to care for themselves, including persons who are developmentally disabled.

Child/minor: any person under the age of 18 years.

Unsupervised Access – Being with a child/minor or vulnerable adult when not in the presence of:  
(a) another University representative; (b) another representative from a University co-sponsored program; or (c) any adult relative or guardian of any of the children or developmentally disabled persons or vulnerable adults. This does not include incidental contact with a single child which is minor or casual contact in an area accessible to and within visual or auditory range of others, such as passing a child or vulnerable adult while walking down a hallway. It does include being alone with a child or vulnerable adult for any period of time in a closed room or office.

**YES / NO (check one):** The WWU student will have unsupervised access to children or vulnerable adults while performing this field experience.

**If YES then select one of:**

: The WWU student will obtain a background check by following the procedures on the WWU Kinesiology web page, field experience information page, then will give a copy of the background check results to their faculty supervisor. **OR**

: The field experience site will conduct a background check on the student, and the student will give a copy of the background check results to their faculty supervisor.



Department of Health and Human Development  
Kinesiology Program Field Experience Manual (KIN 491/492)  
**Part 2 of 6: General information for agency  
supervisor & field experience agency agreement**

---

**Confirming Agreement**

I agree to accept the responsibilities presented.

**Note:** Typing your name in the following signature fields constitutes an electronic signature.

---

STEP	
1: Student	Student completes student information, then forwards document to site supervisor (do not sign until received back from site supervisor)
2a: Site supervisor signs & dates	Signed: Organization Supervisor _____ Date: Click or tap to enter a date.
2b: Site supervisor sends file to student	
3a: Student signs & dates	Signed: Internship Student _____ Date: Click or tap to enter a date.
3b: Student sends file to site supervisor AND faculty supervisor	
4: Faculty supervisor signs & dates	Signed: WWU faculty supervisor _____ Date: Click or tap to enter a date.